

Wisconsin Department of Regulation & Licensing

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DENTISTRY EXAMINING BOARD

REPORT OF ADVERSE OCCURRENCES RELATED TO ANESTHESIA ADMINISTRATION

Per Wisconsin Administrative Code:

DE 11.10, Reporting of adverse occurrences related to anesthesia administration. Dentists shall submit a report within 30 days to the board of any mortality or other incident which results in temporary or permanent physical or mental injury requiring hospitalization of a patient during, or as a result of, anesthesia administration under this chapter. The report shall be on a form approved by the board:

Please **PRINT** or **TYPE** (attach additional sheets if necessary)

1. Name and Address of WI Dentist (include Zip Code)

Zip Code

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2. Phone No. (Include Area Code)

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3. WI Dentist License #

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4. Date of Occurrence

5. Names and Telephone Number of all participants in the dental procedure and any witnesses to the adverse occurrence.

6. Type of dental procedures performed. (provide detailed description)

7. A description of the preoperative physical condition of the patient.

8. A detailed description of techniques utilized in the administration of all drugs used during dental procedure.

9. A description of the adverse occurrence, including the symptoms of any complications, any treatment given to patient, and any patient response to the treatment.

10. Description of patient's condition upon termination of any dental procedures undertaken.

Please provide all dental charting relevant to this occurrence.

#2764 (8/06)

Ch. _____, Stats.

-OVER-

Committed to Equal Opportunity in Employment and Licensing

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LIST OF DRUGS AND DOSAGES ADMINISTERED BEFORE AND DURING THE DENTAL PROCEDURES

Drugs Administered Before Dental Procedure(s):

Name of Drug	Dosage Strength and Form	Quantity
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Drugs Administered During Procedure(s):

Name of Drug	Dosage Strength and Form	Quantity
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

I certify that the foregoing information is correct to the best of my knowledge and belief.

Signature

Title

Date